## PAIENT APPLICATION FEE DETERMINATION RECORD Effective OCHODO1, 2003

09/966990

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHE	D THAN	
<b> </b> -	TOTAL 01 111	<u> </u>	(Colur	(Column 1) (Column 2)				TYPE			OTHER THAN OR SMALL ENTITY		
	TOTAL CLAIMS							RATE	FEE	٦	RATE	FEE	
F	FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	F 335	OR	BASIC FEE	3770	
-	TOTAL CHARGEABLE CLAIMS			minus 20= *				X\$ <b>♀</b> =		OR	X\$18.=		
INDEPENDENT CLAIMS				minus 3 =  *				X43=	1	OR	×86=		
MULTIPLE DEPENDENT CLAIM PR			RESENT					+145=	1	OR	^~~		
*	f the differenc	e in column 1 i	s less than	less than zero, enter "0" in column 2				TOTAL	-	OR	TOTAL		
	CLAIMS AS AMENDED - PART II								<u> </u>	70,,	•	THAN	
_	(Column 1)			(Column 2) (Column 2) (Column 2)			1.	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	1. 90	Minus	** 9	0	=		X\$ <b>9</b> =		OR	X\$(8=		
	Independent FIRST PRES	ENTATION OF M	Minus IULTIPLE DE	PENDENT	CI AIM			X43=	·	OR	×26=		
							1	+ 45:=		OR	<b>M0=</b>		
							Α.	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
<b>_</b>	NAME AND DESCRIPTIONS	(Column 1)		(Colum		(Column 3)				<del>-</del>		-	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		x\$9=		OR	x\$/8=		
	Independent	*	Minus	***		=		X43=		OR	×86=		
	TINOT FRESE	ENTATION OF MI	JLIIPLE DE	PENDENT	CLAIM	لنكب		+145=		OR	<del>1</del> 290=		
		· ·					/ <b>L</b>	TOTAL		_ L	TOTAL DDIT. FEE		
. •		(Column 1)		(Columi	n 2)	(Column 3)	AL	ODIT, FEE			ODN: PEEL		
곴ㅏ		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$9=		OR	X\$ 8=		
AME	Independent	*	Minus	***	) A 11 4			XB=		OR	X86		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ 145=		-	tA10=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Proviously Paid For" IN TAILS SPACE is less than 20, color "20".									OR L	TOTAL			
***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
		oo. Troviously right	rior (Total of	mocheniaetii	j is tile t	ngnesi number	IUUIIC	riir iile abbi	орпале пох	ict COIU(	mt 1.	l	